town + Lawton

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35460

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1815 O'Fallon St. Ward)

File No. 40846

Registered No. 40846

2. FULL NAME Nina Triplett

(a) Residence. No. 1815 O'Fallon St., N Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Colored	Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
16	8	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) —
(STATE OR COUNTRY) Miss.

PARENTS

10. NAME OF FATHER Joseph Triplett

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Miss.

12. MAIDEN NAME OF MOTHER Emma Thompson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Miss.

14. INFORMANT Lawrence Triplett
(Address) 1815 O'Fallon St.

15. FILED NOV 28 1927 Max C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Nov 22, 1927 that I last saw h. alive on Nov 22, 19..., and that death occurred, on the date stated above, at 4.00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108 (duration) ... yrs. ... mos. 22 ds.

CONTRIBUTORY (SECONDARY) ... (duration) ... yrs. ... mos. ... ds.

TOW

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

Did an operation precede death? No Date of —

Was there an autopsy? None

What test confirmed diagnosis? Usual test

(Signed) Bryant Burns, M. D.

11/22 1927 (Address) 2601 a Lawton av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood Cem. — DATE OF BURIAL Nov 28 1927

20. UNDERTAKER W. C. Gordon Und. Co — ADDRESS 2649 Morgan St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.